

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE \$40.00

FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

Check# _____ \$ _____

APPLICATION FOR RESEARCH & TEACHING INSTITUTION

This application is being made for the following reason: (check all that apply):

_____ New _____ Change of Address _____ Change of Ownership _____ Change of PIC

If a Change of Address or Ownership: Previous License Number or Name (if applicable) _____

Or Previous Address _____

The owner hereby makes application as follows:

BUSINESS/FACILITY NAME

ADDRESS OF OWNER

CITY STATE ZIP PHONE NUMBER

RESEARCHER/TEACHER NAME

E-MAIL ADDRESS

MAILING ADDRESS FOR RENEWAL INFORMATION IF DIFFERENT THAN PHYSICAL ADDRESS

CITY STATE ZIP

Drug Schedules (Check all that apply)

____ Schedule I ____ Schedule II/nonnarcotic ____ Schedule II/narcotic

____ Schedule III/nonnarcotic ____ Schedule III/narcotic ____ Schedule IV ____ Schedule V

Are you currently authorized by DEA to conduct research or otherwise handle controlled substances in the schedules for which you are applying? Yes _____ No _____

If no, has application been made and pending? Yes _____ No _____

State current DEA Registration Number and Expiration Date.

****ENCLOSE A COPY OF DEA REGISTRATION.****

Has the applicant been convicted of any violation of State or Federal Law relating to controlled substances?
Yes_____ No_____

If yes, was conviction a felony? Yes_____ No_____

Has any previous registration held by the applicant under any name or corporate or legal entity under the Kansas Uniform Controlled Substance Act been surrendered, revoked, suspended, denied or is it pending such action? Yes_____ No_____

If yes, attach a letter setting forth the circumstances of such action.

The owner and/or responsible pharmacist understand the registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

OWNER/CORPORATE OFFICER PORTION

I, _____, being the owner or agent of the owner of the research & teaching institution indicated on this application, do solemnly swear (or affirm) that, if a registration be issued as requested, such research & teaching institution will be conducted and operated in full compliance with the Pharmacy Act and the Controlled Substance Act of the State of Kansas and all other laws of Kansas so long as continued under such registration and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if not renewed ANNUALLY by July 31ST.

I further solemnly swear (or affirm) that the statements and representations made in the foregoing application are true and correct.

SIGNATURE OF OWNER OR AGENT OF OWNER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

RESEARCHER/TEACHER PORTION

I, _____, being the researcher/teacher of the research & teaching institution indicated on this application, do solemnly swear (or affirm) that I understand that if such registration is issued, it will be issued jointly to the owner and myself and, in the event that I shall no longer be researcher/teacher of such research & teaching institution, I shall notify the Executive Secretary of the Board of Pharmacy of Kansas and forward such registration to the Executive Secretary.

I further swear (or affirm) that I understand all my responsibilities to the Board of Pharmacy of Kansas as Researcher/teacher of such research & teaching institution and that I will comply with the Pharmacy Act and the Controlled Substances Act of the State of Kansas and all other laws of Kansas and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if not renewed ANNUALLY by JULY 31ST.

SIGNATURE OF RESEARCHER/TEACHER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

NOTE: Signatures are required for the owner and the researcher/teacher. If the owner and researcher/teacher are the same individual, both portions must be signed and notarized.